



INITIAL INQUIRY REGARDING FOSTER FAMILY HOME LICENSURE

State Form 53204 (1-07) / CW 3618
DEPARTMENT OF CHILD SERVICES

To be completed by foster care licensing intake staff.

INITIAL CONTACT		
Date (month, day, year)	County	Identification / FH number
Name		
Address (number and street, city, state, and ZIP code)		
Telephone number ()	Cellular or work telephone number ()	E-mail address
Reason for interest in fostering: -----		
Previous fostering experience? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide approximate dates and indicate for which county or LCPA. -----		
Source of referral		
Basic information provided: -----		
<input type="checkbox"/> Purpose of foster care <input type="checkbox"/> Information packet sent on (month, day, year) <input type="checkbox"/> General statement about foster care in the community <input type="checkbox"/> Basic requirements <input type="checkbox"/> Roles, functions, and expectations of foster parents <input type="checkbox"/> Other _____		

FOLLOW-UP CONTACT - ORIENTATION MEETING	
Date of first notice (month, day, year)	Date of second notice (month, day, year)
Status -----	
<input type="checkbox"/> Attended information meeting <input type="checkbox"/> Did not attend information meeting <input type="checkbox"/> Picked-up training schedule <input type="checkbox"/> Follow-up contact	
Comments on reasons for not continuing -----	
Date of training (month, day, year)	

Signature of local DCS Family Case Manager	Date (month, day, year)
Telephone number ()	E-mail address

Signature of Foster Care Licensing staff	Date (month, day, year)
Telephone number ()	E-mail address